

No. W 63442	Due no later than Jun 30, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SANDPOINT NEPHROLOGY CONSORTIUM, LLC SHAUN K. JOSHI, M.D. 8556 WAYNE DRIVE HAYDEN ID 83835 USA		SCOT D NASS 701 FRONT AVE STE 101 COEUR D'ALENE ID 83814			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	SHAUN JOSHI MD	4072 N. BROOKIE LANE	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 63442		6. Annual Report must be signed.* Signature: Linda L. Johnson Name (type or print): Linda L. Johnson Date: 07/09/2010 Title: Office Manager				
Processed 07/09/2010		* Electronically provided signatures are accepted as original signatures.				